

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Transfer/Episode Completion Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

Clinician First Initial & Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LME Assigned Consumer Record Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide the following information about the individual:

1. Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Gender

☐ Male ☐ Female

3. Please select the appropriate age/disability category(ies) for which the individual is receiving services and supports.
(mark all that apply)

☐ Adolescent Mental Health, age 12-17

☐ Adolescent Substance Abuse, age 12-17

b. If both Mental Health and Substance Abuse, is the treatment at this time mainly provided by a...

☐ qualified professional in substance abuse

☐ qualified professional in mental health

☐ both

4. Individual County of Residence:

5. IPRS Target Populations

(mark all that apply)

☐ CSMAJ ☐ CMSED

☐ CSSAD ☐ CMMED

☐ CSIP ☐ CMDEF

☐ CSSP ☐ CMPAT

☐ CSWOM ☐ CDECI

☐ CSCJO ☐ CDSN

☐ CSDWI ☐ None of the above

6. Is this consumer "Transferring to another program or facility" or is this an "Episode Completion"?

☐ Transferring to another program or facility → (skip to 7)

☐ Episode Completion

b. If "Episode Completion," please indicate reason:

(mark only one)

☐ Completed treatment

☐ Discharged at program initiative

☐ Refused treatment

☐ Consumer did not return as scheduled within 60 days

☐ Incarcerated

☐ Institutionalized

☐ Died

7. Assessments of Functioning

a. Was the Global Assessment of Functioning (GAF) score updated in the past 3 months or since the last interview? ☐ Y ☐ N → (skip to 8)

b. Current Global Assessment of Functioning Score:

--	--

8. Please indicate the DSM-IV TR diagnostic classification(s) for this individual. (See Attachment I)

9a. For Adolescent MH individual:

First MH Treatment Date
(for this episode of treatment)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9b. For Adolescent SA individual:

First SA Treatment Date
(for this episode of treatment)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9c. Date of Last Billable Service

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9d. Date of Last Face-to-Face Contact:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. Special Populations (mark all that apply)

☐ DWI

☐ Sexually Reactive Youth

☐ SSI/SSDI

☐ Homeless

☐ Traumatic Brain Injury (TBI)

☐ Blind

☐ Deaf/Hard of hearing

☐ Sex offender

☐ DSS custody

☐ Outpatient commitment

☐ Juvenile justice

☐ Child/Adolescent discharged from state-operated facility

☐ Criminal justice

☐ Therapeutic Foster Care

☐ Non-English speaking

☐ None of these

11. Special Programs (mark all that apply)

☐ Multi-Systemic Therapy (MST)

☐ Intensive in-home

☐ Methamphetamine Treatment Initiative

☐ Maternal/Pregnant

☐ None of these

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12. For Adolescent SA individual:

Please indicate the individual's Primary (required), Secondary (if applicable), and Tertiary (if applicable) substance problems by entering a "1" for Primary, "2" for Secondary, and "3" for Tertiary.

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Marijuana/ Hashish	<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Heroin	<input type="checkbox"/> Other Opiates/ Opioids
<input type="checkbox"/> Non-Prescription Methadone	<input type="checkbox"/> PCP-Phencyclidine	<input type="checkbox"/> Other Hallucinogens	<input type="checkbox"/> Other Amphetamines	<input type="checkbox"/> Other Stimulants	<input type="checkbox"/> Benzodiazepine
<input type="checkbox"/> Other Non-Benzodiazepine Tranquilizers	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Non-Barbiturate Sedatives or Hypnotics	<input type="checkbox"/> Inhalants	<input type="checkbox"/> Over-the- Counter	<input type="checkbox"/> Other Drug

13. For Adolescent SA individual:

Please indicate the individual's age at first use/intoxication and how each substance was taken (if applicable) of the Primary, Secondary (if applicable), and Tertiary (if applicable) substance(s).

Substance	Age of First Use/ Intoxication	How usually taken (mark only one)
Alcohol	<input type="text"/> <input type="text"/>	N/A
Marijuana/Hashish	<input type="text"/> <input type="text"/>	N/A
Cocaine/Crack	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Methamphetamine	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Heroin	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Opiates/Opioids	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Non-Prescription Methadone	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
PCP-phencyclidine	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Hallucinogens	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Amphetamines	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Stimulants	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Benzodiazepine	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Non-Benzodiazepine Tranquilizers	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Barbiturates	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Non-Barbiturate Sedatives or Hypnotics	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Inhalants	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Over-the-Counter	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Drug	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' answer 14.

14. How many weeks ago was the consumer last seen for treatment?

- ☐ Past week
☐ 2-4 weeks ago
☐ 5-8 weeks ago
☐ More than 8 weeks ago

15. For Adolescent SA individual:

Current Dosage Level for Medications:

☐ None of these medications used

Methadone

 mg

Naltrexone

 mg

Buprenorphine

 mg

Antabuse

 mg

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 16.

16. For Adolescent SA and DWI individual:

SA treatment participation and service units in the past 3 months (enter 0, if none):

a. Group sessions

Scheduled

Attended

b. Individual/family sessions

Scheduled

Attended

17. Since the last interview, the consumer has attended scheduled treatment sessions...

- ☐ Rarely or never
☐ Sometimes
☐ All or most of the time

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18. For Adolescent SA individual:

Number of drug tests conducted and number positive in the past 3 months: (Do not count if Positive for Methadone Only)

a. Number Conducted (enter 0, if none & skip to 19)

b. Number Positive (enter 0, if none & skip to 19)

c. How often did each substance appear for all drug tests conducted?

Alcohol	THC	Opiates	Benzo.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Cocaine	Amphetamines	Barbiturates	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

19. Since the individual started services for this episode of treatment, which comprehensive services has the (a) individual received and (b) which are still needed in the following areas?

a. Received b. Still Needed

Yes No Yes No

1. Educational improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Finding or keeping a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Family and/or peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Psychological/emotional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Screening for HIV/TB/HEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Treatment referral for HIV/TB/HEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Legal issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Interpreter (deaf or foreign language)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Tobacco use cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Appropriate living setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Cessation of alcohol/drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Management of finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Housing (basic shelter or rent subsidy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. In the past 3 months, has the individual's family, guardian, or significant other been involved in any contact with staff concerning any of the following? (mark all that apply)

- ☐ Treatment services
☐ Person-centered planning
☐ None of the above → (skip to 21)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 20b, 20c and 21.

b. In the past 3 months, how often has the individual's family, guardian, or significant other been involved in any contact with staff?

- ☐ Once a week or more ☐ Once a month
☐ Twice a month or more ☐ Less than once a month

c. This contact was mostly....

- ☐ Face-to-face
☐ By telephone
☐ Both

21. If "None of the above" is answered on question 20, please specify why no family member, guardian, and/or significant other have been involved in person-centered planning or treatment services: (mark all that apply)

- ☐ Consumer has no family, guardian, or significant other
☐ Consumer declines family involvement
☐ Family declines to be involved
☐ Scheduling conflicts
☐ Other _____

Section II: Complete items 22-48 using information from the individual's interview (preferred) or consumer record

22. How are items 23-48 being gathered?

(mark all that apply)

- ☐ In-person interview (preferred)
☐ Telephone interview
☐ Clinical record/notes

23. Who is the respondent? (mark all that apply)

- ☐ Child ☐ Guardian
☐ Parent ☐ Other

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24. Do you ever have difficulty participating in treatment because of problems with... (mark all that apply)

- ☐ No difficulties prevented you from entering treatment
- ☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- ☐ Active substance abuse symptoms (addiction, relapse)
- ☐ Physical health problems (severe illness, hospitalization)
- ☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- ☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- ☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- ☐ Cost or financial reasons (no money for cab, treatment cost)
- ☐ Stigma/Embarrassment
- ☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- ☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)
- ☐ Legal reason (incarceration, arrest)
- ☐ Transportation/Distance to provider
- ☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 25.

25. Has there been any change in your marital status since the last interview? Have you...

- ☐ Married ☐ Separated
- ☐ Lived as married ☐ Widowed
- ☐ Divorced ☐ No change

26. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)

- ☐ Y ☐ N → (skip to 27)

b. If yes, what programs are you currently enrolled in for credit? (mark all that apply)

- ☐ Alternative Learning Program (ALP)- at-risk students outside standard classroom
- ☐ Academic schools (K-12)
- ☐ Technical/Vocational school
- ☐ College
- ☐ GED Program, Adult literacy

27. For K-12 only:

- a. What grade are you currently in?
- b. Since beginning treatment, your school attendance has...
☐ improved ☐ stayed the same ☐ gotten worse
- c. For your most recent reporting period, what grades did you get most of the time? (mark only one)
☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system
- d. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time? ☐ Pass ☐ Fail

28. For K-12 only: In the past 3 months, how many days of school have you missed due to...

- a. Expulsion
- b. Out-of-school suspension
- c. Truancy
- d. Are you currently expelled from regular school?
☐ Y ☐ N

29. What best describes your current employment status? (mark only one)

- ☐ Full-time work (working 35 hours or more a week)
→ (skip to b & c)
- ☐ Part-time work (working less than 35 hours a week)
→ (skip to b & c)
- ☐ Unemployed (seeking work or on layoff from a job)
→ (skip to 30)
- ☐ Not in labor force (not seeking work)
→ (skip to d & e)
- b. Is this work transitional employment? ☐ Y ☐ N
- c. Is this work supported employment? ☐ Y ☐ N
- d. If not seeking work, what best describes your current status? (mark only one)
- ☐ Homemaker ☐ Incarcerated (juvenile or adult facility)
- ☐ Student ☐ Institutionalized
- ☐ Retired ☐ None of the above
- ☐ Chronic medical condition which prevents employment
- e. If not seeking work, what best describes your current activities? (mark all that apply)
- ☐ Community service (court-related)
- ☐ Structured day activity
- ☐ Unpaid vocational rehab
- ☐ Volunteer activity
- ☐ Hobbies/Social activities
- ☐ Other
- ☐ No activity

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30. In the past 3 months, how often did you participate in ...
a. extracurricular activities?

☐ Never ☐ A few times ☐ More than a few times

b. recovery-related support or self-help groups?

☐ Never ☐ A few times ☐ More than a few times

c. organized religious activities?

☐ Never ☐ A few times ☐ More than a few times

31. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

☐ Never ☐ A few times ☐ More than a few times

32. In the past month, how would you describe your mental health symptoms?

☐ Extremely severe ☐ Severe ☐ Moderate ☐ Mild ☐ Not present

33. Do you have a current prescription for psychotropic medications? ☐ Y ☐ N → (skip to 34)

b. In the past month, how often have you taken this medication as prescribed?

☐ All or most of the time → (skip to 34)

☐ Sometimes

☐ Rarely or never

c. If sometimes or rarely/never, what are some of the reasons that you did not take your medication(s) all or most of the time? (mark all that apply)

☐ Trouble in remembering to take medication(s)

☐ Too many medication(s)

☐ Negative side effects of medication(s)

☐ High cost of medication(s)

☐ Do not feel need for medication(s)

☐ Forgot injection appointment

☐ No transportation to injection appointment

☐ Other

34. In the past 3 months, how many times have you moved residences? (enter 0, if none & skip to 35)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 34b.

b. What was the reason(s) for your most recent move? (mark all that apply)

☐ Moved closer to family/friends

☐ Moved in with roommate

☐ Moved to nicer location

☐ Moved to safer location

☐ Needed more supervision

☐ Needed more supports

☐ Moved to location with more independence

☐ Moved to location with better access to activities and/or services

☐ Evicted

☐ Could no longer afford previous location

☐ Other

35. Currently, where do you live?

☐ Homeless → (skip to b)

☐ Residential program → (skip to d)

☐ Temporary housing → (skip to c)

☐ Facility/institution → (skip to e)

☐ In your or parent's/guardian's home/apt → (skip to 36)
☐ Other → (skip to 36)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 35b, 35c, 35d, and 35e.

b. If homeless, please specify your living situation currently.

☐ Sheltered (homeless shelter)

☐ Unsheltered (on the street, in a car, camp)

c. If temporary housing, please specify the type of temporary housing you currently live in.

☐ Transitional housing (time-limited stay)

☐ Living temporarily with other(s)

d. If residential program, please specify the type of residential program you currently live in.

☐ Foster home

☐ Therapeutic foster home

☐ Level III group home

☐ Level IV group home

☐ State-operated residential treatment center

☐ Substance abuse residential treatment facility

☐ Halfway house (for Adolescent SA individual)

e. If facility/institution, please specify the type of facility you currently live in.

☐ Psychiatric Residential Treatment Facility (PRTF)

☐ Public institution

☐ Private institution

☐ Correctional facility

36. Was this living arrangement in your home community?

☐ Y ☐ N

37. In the past 3 months, have you received any residential services outside of your home community?

☐ Y ☐ N

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 38.

38. In the past 3 months, who did you live with most of the time? (mark all that apply)

☐ Lived alone

☐ Foster family

☐ Spouse/partner

☐ Sibling(s)

☐ Child(ren)

☐ Other relative(s)

☐ Mother/Stepmother

☐ Guardian

☐ Father/Stepfather

☐ Friend(s)/roommate(s)

☐ Grandmother

☐ Other

☐ Grandfather

39. In the past 3 months, who was your primary caregiver? (mark only one)

☐ Parent(s)

☐ Spouse/partner

☐ Grandparent(s)

☐ Other relative(s)

☐ Sibling(s)

☐ Other

☐ Foster parent(s)

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40. For Adolescent MH individual:

In the past 3 months, have you used tobacco or alcohol?

☐ Y ☐ N

41. For Adolescent MH individual:

In the past 3 months, have you used illicit drugs or other substances?

☐ Y ☐ N

For Adolescent MH individual:

****If "Yes" is answered on question 40 or 41, go to question 42. If "No" is answered on both questions 40 and 41, go to question 43.**

42. Please mark the frequency of use for each substance in the past month.

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (>=5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

5=Non-prescription Methadone
7=PCP
8=Other Hallucinogen
9=Methamphetamine
10=Other Amphetamine
11=Other Stimulant
12=Benzodiazepine
13=Other Tranquilizer
14=Barbiturate
15=Other Sedative or Hypnotic
16=Inhalant
17=Over-the-Counter
22=OxyContin (Oxycodone)
29=Ecstasy (MDMA)

If Episode Completion reason is 'Consumer did not return as scheduled within 60 days' or 'Died,' skip 43.

43. In the past month, how many cigarettes did you smoke per day, on average? (enter 0, if none)

44. In the past 3 months, how often have you carried a weapon, such as a knife or handgun?

☐ Never ☐ A few times ☐ More than a few times

45. In the past month, how many times have you been in trouble with the law?

(enter 0, if none and skip to 47)

46. In the past month, how many times have you been arrested or had a petition filed for adjudication for any offense including DWI?

(enter 0, if none and skip to 47)

b. In the past month, how many times have you been arrested for a misdemeanor offense including DWI?

c. In the past month, how many times have you been arrested for a felony offense?

47. Are you currently under any type of correctional supervision in the....

a. adult correctional system? ☐ Y ☐ N

b. juvenile correctional system? ☐ Y ☐ N

48. Do you have children under the age of 18?

☐ Y ☐ N → (skip to 49)

b. Since the last assessment, have you... (mark all that apply)

☐ Gained legal custody of child(ren)

☐ Lost legal custody of child(ren)

☐ Begun seeking legal custody of child(ren)

☐ Stopped seeking legal custody of child(ren)

☐ Continued seeking legal custody of child(ren)

☐ New baby born - removed from legal custody

☐ None of the above

c. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

d. Since the last interview, have your parental rights been terminated from all, some, or none of your children?

☐ All ☐ Some ☐ None

e. Since the last interview, have you been investigated by DSS for child abuse or neglect? ☐ Y ☐ N → (skip to g)

f. For Adolescent SA individual:

Was the investigation due to an infant testing positive on a drug screen? ☐ Y ☐ N ☐ NA

g. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?

☐ All ☐ Some ☐ None ☐ NA (no children in legal custody)

Section III: Complete items 49-72 from the individual's interview only

49. Is the individual present for in-person or telephone interview?

☐ Y - Complete items 50-72

☐ N - If Adolescent SA individual, skip to 72

- If Adolescent MH individual only, stop here

50. Females only: Have you ever been pregnant?

☐ Y ☐ N ☐ Unsure

(skip to 53)

(skip to 53)

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Transfer/Episode Completion Interview

****Use this form for backup only. Do not mail. Enter data into web-based system. (<https://nctopps.ncdmh.net>)**

51. Females only: Are you currently pregnant?

☐ Y ☐ N ☐ Unsure
(skip to 52) (skip to 52)

b. How many weeks have you been pregnant?

--	--

c. Have you been referred to prenatal care?

☐ Y ☐ N

d. Are you receiving prenatal care?

☐ Y ☐ N

52. Females only: Have you given birth in the past year?

☐ Y ☐ N → (skip to 53)

b. How long ago did you give birth?

- ☐ Less than 3 months ago
☐ 3 to 6 months ago
☐ 7 to 12 months ago

c. Did you receive prenatal care during pregnancy? ☐ Y ☐ N

d. What was the # of weeks gestation?

--	--	--	--

e. What was the birth weight?

_____ pounds _____ ounces

f. How would you describe the baby's current health?

- ☐ Good
☐ Fair
☐ Poor
☐ Baby is deceased → (skip to 53)
☐ Baby is not in birth mother's custody → (skip to 53)

g. Is the baby receiving regular Well Baby/Health Check services? ☐ Y ☐ N

53. Do you have an identified public or private primary health care provider? ☐ Y ☐ N → (skip to 54)

b. When was the last time you saw this provider?

- ☐ Within the past year
☐ Within the past 2 years
☐ Within the past 5 years
☐ More than 5 years ago

54. In the past 3 months, how often have you used faith, prayer, religious or other spiritual involvement to help you with daily living?

☐ Never ☐ A few times ☐ More than a few times

55. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? (i.e., member of clergy, neighbor, family member, coach)

☐ None ☐ 1 or 2 ☐ 3 or more

56. For Adolescent SA individual:

Do you have a sponsor? ☐ Y ☐ N → (skip to 57)

b. In the past month, how often did you have contact with your sponsor?

☐ Never ☐ A few times ☐ More than a few times

57. How supportive has your family and/or friends been of your treatment and recovery efforts?

- ☐ Not supportive
☐ Somewhat supportive
☐ Very supportive
☐ No family/friends

58. For Adolescent SA individual:

How long have you been abstinent from alcohol or other drugs at this time? (do not include nicotine or tobacco products)

(enter 0 if not abstinent)

--	--

☐ Days ☐ Mos.

☐ Wks. ☐ Yrs.

b. Is abstinence from alcohol and/or other drugs a goal of your treatment? ☐ Y ☐ N

59. For Adolescent SA individual:

In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons? ☐ Y ☐ N

60. In the past 3 months, have you participated in any of the following activities without a condom being used?

had sex with someone who was not your spouse or primary partner [or]
knowingly had sex with someone who injected drugs [or]
traded, gave, or received sex for drugs, money, or gifts?

☐ Y ☐ N

61. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

☐ Never → (skip to 62)

☐ A few times

☐ More than a few times

b. By whom were you physically hurt? (mark all that apply)

- ☐ Spouse/partner ☐ Other adult
☐ Parent ☐ Other child
☐ Sibling ☐ Gang member(s)
☐ Your child

62. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?

☐ Never ☐ A few times ☐ More than a few times

63. In the past 3 months, have you been forced or pressured to do sexual acts? ☐ Y ☐ N

64. In the past 3 months, how often have you forced or pressured someone to do sexual acts?

- ☐ Never
☐ A few times
☐ More than a few times
☐ Deferred

65. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

☐ Never ☐ A few times ☐ More than a few times

66. Since the last interview, how often have you had thoughts of suicide?

☐ Never ☐ A few times ☐ More than a few times

NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Transfer/Episode Completion Interview

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67. Since the last interview, have you attempted suicide?

☐ Y ☐ N

68. In the past 3 months, how well have you been doing in the following areas of your life?

	Excellent	Good	Fair	Poor
a. Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or significant others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. In the past 3 months, approximately how many...

a. telephone contacts to an emergency crisis facility did you have?	<input type="text"/>	<input type="text"/>
b. face-to-face contacts to an emergency crisis facility or mobile crisis unit did you have?	<input type="text"/>	<input type="text"/>
c. visits to a hospital emergency room did you have?	<input type="text"/>	<input type="text"/>
d. nights in a facility-based crisis service did you spend?	<input type="text"/>	<input type="text"/>
e. nights in facility-based respite did you spend?	<input type="text"/>	<input type="text"/>
f. admissions to a detox facility did you have?	<input type="text"/>	<input type="text"/>
g. nights in an inpatient facility for mental health treatment did you spend?	<input type="text"/>	<input type="text"/>
h. nights in an inpatient facility for substance abuse treatment did you spend?	<input type="text"/>	<input type="text"/>
i. nights in a medical/surgical hospital did you spend? (excluding birth delivery)	<input type="text"/>	<input type="text"/>
j. nights homeless (sheltered or unsheltered) did you spend?	<input type="text"/>	<input type="text"/>
k. nights in detention, jail, or prison did you spend (adult or juvenile system)?	<input type="text"/>	<input type="text"/>

70. What kind of health/medical insurance do you have? (mark all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Private insurance/health plan	<input type="checkbox"/> Medicare
<input type="checkbox"/> CHAMPUS or CHAMPVA	<input type="checkbox"/> Other
<input type="checkbox"/> Health Choice	<input type="checkbox"/> Unknown

71. How helpful have the program services been in...

a. improving the quality of your life?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA
b. decreasing tobacco use?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA
c. decreasing alcohol use?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA
d. decreasing other drug use?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA
e. decreasing your symptoms?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA
f. increasing your hope about the future?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA
g. increasing your control over your life?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA
h. improving your educational status?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA
i. improving your housing status?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA
j. improving your vocational/employment status?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA
k. improving your relationship with family and friends?	<input type="checkbox"/> Not helpful	<input type="checkbox"/> Somewhat helpful	<input type="checkbox"/> Very helpful	<input type="checkbox"/> NA

72. **For Adolescent SA individual:**

Does the consumer have a current written consent in her/his consumer record for the DMHDDSAS to share NC-TOPPS Interviews with the consumer's assigned LME in accordance with 42 CFR, Part 2, HIPAA and NC Statute? ☐ Y ☐ N

End of interview

Enter data into web-based system:
<https://nctopps.ncdmh.net>

Do not mail this form

Attachment I:

DSM-IV TR Diagnositic Classifications

Childhood Disorders

- ☐ Learning Disorders (315.00, 315.10, 315.20, 315.90)
- ☐ Motor skills disorders (315.40)
- ☐ Communication disorders (307.00, 307.90, 315.31, 315.39)
- ☐ Childhood disorders-other (307.30, 309.21, 313.23, 313.89, 313.90)
- ☐ Mental Retardation (317, 318.00, 318.10, 318.20, 319)
- ☐ Autism and pervasive development (299.00, 299.10, 299.80)
- ☐ Attention deficit disorder (314.xx, 314.90)
- ☐ Conduct disorder (312.80)
- ☐ Disruptive behavior (312.90)
- ☐ Oppositional defiant disorder (313.81)

Substance-Related Disorders

- ☐ Alcohol abuse (305.00)
- ☐ Alcohol dependence (303.90)
- ☐ Drug abuse (305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- ☐ Drug dependence (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 304.90)

Schizophrenia and Other Psychotic Disorders

- ☐ Schizophrenia and other psychotic disorders (293.xx, 295.xx, 297.10, 297.30, 298.80, 298.90)

Mood Disorders

- ☐ Dysthymia (300.40)
- ☐ Bipolar disorder (296.xx)
- ☐ Major depression (296.xx)

Anxiety Disorders

- ☐ Anxiety disorders (other than PTSD) (293.89, 300.00, 300.01, 300.02, 300.21, 300.22, 300.23, 300.29, 300.30, 308.30)
- ☐ Posttraumatic Stress Disorder (PTSD) (309.81)

Adjustment Disorders

- ☐ Adjustment disorders (309.xx)

Personality, Impulse Control, and Identity Disorders

- ☐ Personality disorders (301.00, 301.20, 301.22, 301.40, 301.50, 301.60, 301.70, 301.81, 301.82, 301.83, 301.90)
- ☐ Impulse control disorders (312.31, 312.32, 312.33, 312.34, 312.39)
- ☐ Sexual and gender identity disorders (302.xx, 306.51, 607.84, 608.89, 625.00, 625.80)

Delerium, Dementia, & Other Cognitive Disorders

- ☐ Delirium, dementia, and other cognitive disorders (290.xx, 290.10, 293.00, 294.10, 294.80, 294.90, 780.09)

Disorders Due to Medical Condition and Medications

- ☐ Mental disorders due to medical condition (306, 316)
- ☐ Medication induced disorders (332.10, 333.10, 333.70, 333.82, 333.90, 333.92, 333.99, 995.2)

Somatoform, Eating, Sleeping & Factitious Disorders

- ☐ Somatoform, eating, sleeping, and factitious disorders (300.xx, 300.11, 300.70, 300.81, 307.xx)

Dissociative Disorders

- ☐ Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.60)

Other Disorders

- ☐ Other mental disorders (Codes not listed above)
- ☐ Other clinical issues (V-codes)